# FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEG Mail Processing Section

AUG 122008

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

Washington, DC

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
Estimated average burden
hoursperresponse.....16.00

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Name of Offering (	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing:   New Filing   Amendment	
A. BASIC IDENTIFICATION DATA	
l. Enter the information requested about the issuer	08057806
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Reef Oil and Gas Income and Development Fund IV, L.P	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1901 N. Central Expy., Suite 300, Richardson, TX 75080	972-437-6792
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Acquisition of producing oil and gas properties and development of undeveloped acr	reage PROCESSED
Type of Business Organization	i ROOLOOL
<u> </u>	please specify): AUG 1 5 2008 \
business trust limited partnership, to be formed	HOU X 0 2000 P
Month Year	THOMSON REUTE
Actual or Estimated Date of Incorporation or Organization: 017 018 X Actual	nated
Juris diction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	_
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously suppose to be filed with the SEC.	
Filting Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOF) for s	sales of securities in those states that have adopted
ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim to accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unlease filling of a federal notice.	•

		A. BASIC IDE	NTIFICATION DATA		_
2. Enter the information re-	quested for the fol	lowing:		<del></del>	
<ul> <li>Each promoter of the</li> </ul>	he issuer, if the iss	uer has been organized wi	thin the past five years;		
Each beneficial own	er having the pow	er to vote or dispose, or dir	ect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
• Each executive offi	cer and director of	corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
Each general and m	anaging partner of	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Eull Name (Lest some Gest 16	in divident			·	
·	·				
Managing Partner    Managing Partner					
		•	ac)		
			500 p:	(C)	
Check Box(es) that Apply:		Repeticial Owner	M Executive Offices	Director	_
Full Name (Last name first, if	individual)				
Mauceli, Michael J.					
Business or Residence Addres	is (Number and	Street, City, State, Zip Co	dc)		
1901 N. Central Expy., S	uite 300, Richa	ardson, TX			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	<b>-</b>
Full Name (Last name first, if	individual)				
	•				
Business or Residence Address	s (Number and	Street, City, State, Zip Co	de)		PATENTONINA TATANIS AND
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	<b>-</b>
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and	Street, City, State, Zip Co	dc)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	<b>-</b>
Full Name (Last name first, it	individual)			وجيبيون ججيب صنصا عصنت الا	ه جموع هوروس جرب برسالت نشقات الانتا كالي
•					
Business or Residence Addres	s (Number and :	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	<b>-</b>
Full Name (Last name first, if	indiviđual)		·	÷	
Business or Residence Addres	(Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	L.,,
Full Name (Last name first, if	individual)		America de la composition della composition dell	<del></del>	and the second s
Business or Residence Address	s (Number and	Street, City, State, Zip Co	dc)	***************************************	
	(Use blan	nk sheet, or copy and use a	additional copies of this sl	hoot, as necessary)	

					B. 17	FORMATI	ON ABOU	t offeri	NG				
_	Haatha	ionso- nold	الدومة مما		atend to as	11	المواليسي		this offset			Yes	No
I.	mas inc	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											X
2.	What is the minimum investment that will be accepted from any individual?										S 100	1000	
	The is the minimum in control that with the tree to the interior that it is the minimum in the interior that it is the interior t									Yes	No		
3.	Does th	e offering p	permit join	t ownershi	p of a sing	le unit?						X	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state												
	orstates	, list the na	me of the b	roker or de	aler, Ifmo		(5) persor	is to be list	ed are asso		ons of such		
Ful	l Name (l	Last name I	first, if indi	ividual)									
Re	ef Secur	ities, Inc.	444		I 61 41 C	ty, State, Z	6.45						
			., Suite 40			_	ip Caue)						
			oker or De		iusuli, i A	73000							
Sta		.,				to Solicit I							
	(Check	"All States	" ar check	individual	States)			••••••••	• • • • • • • • • • • • • • • • • • • •	••••••	•••••	☐ Al	States
				M		<b>5.</b> 0		<b>F. d</b>					
	X	X		K			N. 4		2.4		p   44	2.5	<b>b</b> :4
		DE.											
		X	30		X			<b>74</b>			XX	VV	PR
Ful	ll Name (	Last name	first, if indi	ividual)									
_	<del>-</del>												
Bus	siness or	Residence	Address (1	Vumber an	d Street, C	ity, State, 7	Cip Code)						
Na	me of Ass	sociated Br	oker or De	aler									
Sta						to Solicit I							
	(Check	"All States	" or check	ind ividual	States)	······································			• •• • • • • • • • • • • • • • • • • • •	·····		☐ AI	States
	AL	AK	AZ	AR	CA	CO	CT	DE	[DC]	FL	GA	H	!D
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV [ST)	NH TTGT	NJ	NM DET	(NY)	NC	ND	OH	OK	OR	PA
	Rİ	SC	SD	TN.	TX				INLS A L		1 4378 1		
						UT	VT	VΑ	WA	WV	WI	WY	PR
Ful	il Name (	Last name	first, if indi		· · · · · · · · · · · · · · · · · · ·	[01]	<u>VT</u>	[VA]	[WA]	<u>[WV]</u>	<u>[WI]</u>	<u>WY</u>	<u>[PK]</u>
			first, if indi	ividual)	<del></del>	ity, State, 7		<u>[VA]</u>	[ <u>WA</u> ]	<u>[WV]</u>	<u>[WI]</u>	<u>[WY]</u>	[PR]
Bu	siness or	Residence	first, if indi	ividual) Number an	<del></del>			<u>[VA]</u>	[WA]	[ <u>WV</u> ]	<u>[WI]</u>	[WY]	(PK)
Bu	siness or	Residence	first, if indi	ividual) Number an	<del></del>			[VA]	<u>[WA]</u>	<u>[WV]</u>	(WI)	[WY]	(PK)
Bus	siness or me of Ass	Residence	first, if indi Address (f oker or De	ividual) Number an aler	d Street, C		Zip Code)		[WA]	<u>WV</u>	(WI)	[WY]	(PR)
Bus	siness or me of Ass	Residence sociated Br	Address (Notes or Delisted Has	ividual) Number an aler s Solicited	d Street, C	ity, State, 2	Zip Code)						I States
Bus	siness or me of Ass tes in Wh (Check	Residence sociated Br tich Person "All States	Address (Poker or Delisted Has	Number an aler s Solicited individual	or Intends States)	ity, State, 7	Zip Code) Purchasers	DE	DC	FL	(GA)	AI	I States
Bus	siness or me of Ass tes in Wh	Residence sociated Br nich Person "All States	Address (Notes of December of	Number an aler s Solicited individual	or Intends	ity, State, 7	Zip Code)					AI	l States

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	A	mount Already Sold
	Debt\$	0	\$	0
	Equity\$		_ <b>\$</b> _	. 0
	Common Preferred			
	Convertible Securities (including warrants)	0	\$	0
	Partnership Interests		- <b>s</b>	0
	Other (Specify)\$	0	\$	0
	Total\$		-	0
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors	1	Dollar Amount of Purchases
	Accredited Investors	0	. \$	0
	Non-accredited Investors	0	_ \$	0
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if fiting under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of		Dollar Amount
	Type of Offering	Security	_	Sold
	Rule 505			
	Regulation A		\$	
	Rule 504		\$	<u> </u>
	Total		\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	<b>D</b>	j s	0
	Printing and Engraving Costs	<b>D</b>	S	30,000
	Legal Fees	[2	[ \$_	5,000
	Accounting Fees	<u>[</u>	ij \$.	0
	Engineering Fees	-	_	0
	Sales Commissions (specify finders' fees separately)	_	-	10,000,000
	Other Expenses (identify)	_		0
	Total	100	_	10.035.000

c	OFFERING PRICE	MILLIANDED	AU DURGETABE	DYDENERG	A TATES II SCI 12	OF BROCERRE
٠.,	OPPEKING PRICE	. NUMBER	OF INVESTORS	. EXPENSES	AND USE	OFFROCEEDS

	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross pruceeds to the issuer."			S_ 89,9	65,000
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	s adjusted gross proceed to the issuer used or proposed to be used for the amount for any purpose is not known, furnish an estimate and timate. The total of the payments listed must equal the adjusted gross in response to Part C — Question 4.b above.  Payments to Officers, Directors, & Affiliates			
		( Di:	Officers, ectors, &	_	ments to
	Solarian and Fac		<del>-</del>		thers
				X 5	
		XI \$_		X 3	0.
	Purchase, rental or leasing and installation of machinery and equipment	XI S	0 .	<b>X</b>  \$	0
The sign the Issu Ree Nam	Construction or leasing of plant buildings and facilities			X \$	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	_			0
					0
				X \$	0
				\$	0
	Other (specify):	X \$_	0	<b>X</b> \$	0
		<b>X</b> \$_	0	<b>X</b> \$	0
	Column Totals	<b>X</b> \$_	0	<b>X</b> \$	0
	Total Payments Listed (column totals added)		X \$	0	
	D. FEDERAL SIGNATURE				·
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commistinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) (1)	ision,	upon writte		
Issi	ter (Print or Type) Signature	Date			
Re	ef Oil and Gas Income and Development Fund	Augu	st 11, 200	3	
	ne of Signer (Print or Type) Title of Signer (Print or Type)		., 1 = + • ·		<u>.</u>
Mi	chael J. Mauceli				

# --- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE								
I.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X						
	See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is D (17 CFR 239.500) at such times as required by state law.	filed a no	ti <b>ce</b> on Form						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by t issuer to offerees.								
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behithorized person.	alf by the	undersigned						
Issuer (	Print or Type) Signature		· · · · · · · · · · · · · · · · · · ·						
Reef O	oil and Gas Income and Development Fund	08							
Name (	Print or Type) Title (Print or Type)	·							
Michae	el J. Mauceli								

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 2 3 4 5 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Partnership State Yes No Investors Amount Investors Amount Yes No Interests ٨L X \$100,000,000 X ٨K Χ \$100,000,000 Х ۸Z Х \$100,000,000 Х ٨R Χ \$100,000,000 Х CA X \$100,000,000 X co X \$100,000,000 X CT X Х \$100,000,000 DE Х \$100,000,000 X DC Х \$100,000,000 Χ FL \$100,000,000 Χ Х GΛ X \$100,000,000 Χ Ш Χ \$100,000,000 Х ID X \$100,000,000 Х IL. Х Х \$100,000,000 IN X \$100,000,000 X IA X \$100,000,000 Х KS X \$100,000,000 X KY X \$100,000,000 X LA Χ \$100,000,000 Х ME X \$100,000,000 Х MD \$100,000,000 X Х MA Χ X \$100,000,000 MI Х \$100,000,000 X MN X \$100,000,000 X MS \$100,000,000

# APPENDIX

1	Intend to non-a investor	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)				
State	Yes	No	Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо		x	\$100,000,000						
мт		x	\$100,000,000						x
NE		х	\$100,000,000						x
NV		х	\$100,000,000		,				х
NH		х	\$100,000,000						x
ŊJ		х	\$100,000,000						х
NM		х	\$100,000,000						х
NY		x	\$100,000,000						x
NC		X	\$100,000,000		,				x
ND		х	\$100,000,000						x
ОН		X	\$100,000,000						
ОК		х	\$100,000,000						x
OR		x	\$100,000,000		_				х
PA		х	\$100,000,000		_				х
RI		х	\$100,000,000						х
SC		х	\$100,000,000						х
SD		x	\$100,000,000						x
TN		х	\$100,000,000						x
тх		х	\$100,000,000						х_
บา		х	\$100,000,000						x_
VT		х	\$100,000,000						х
VA		х	\$100,000,000						х
WA		х	\$100,000,000						X.
wv		х	\$100,000,000						х
WI		x	\$100,000,000						x

				APP	ENDIX							
1 2 3					5 Disqualification							
	to non-a	I to sell eccredited s in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Type of investor and expanding purchased in State wai		(if yes, explana waiver	attach attach ation of granted)
State	Yes	No	Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY		x	\$100,000,000						х			
PR												

